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AA
 ** CONTINUING DATA *****

AA
 ** FOREIGN APPLICATIONS *****

AA
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Allyn Maltz</i> Examiner's Signature	Initials	DRAWING 23	CLAIMS 101	CLAIMS 5

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TITLE

Therapy triggered by prediction of disordered breathing

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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